10/527945

MULTIPLE DEPENDENT CLAIM FEE CALCUL ON SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.



FILING DATE

APPLICANT(S)

CLAIMS

IND. DEP. JND. DEP. IND. DEP. 1		AS FILED		AFTER 1*AMENDMENT		AFTER 2 ~ AMENDMENT	
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CLAIMS	<u> </u>	2.5826		COMMERCE	<u> </u>	22.00

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